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ORIGINAL COMMUNICATIONS.

Transactions of the Illinois State Medical Society, for the year 1853. "On the Uses of Turpentine; by Samuel Thompson, of Albion, Illinois.

A Dictionary of Practical Medicine, Comprising General Pathology, the Nature and Treatment of Diseases, Morbid Strictures, &c: by James Copland, M. D., F. R. S. Re-published by Harper & Brothers, New York.

"RENDER UNTO CÆSAR THE THINGS THAT ARE CÆSAR'S."

26 Sept. 24. Utica St. Hosp. 7

It is probably the first time that these words have been adopted as the motto of a medical critic; they were used by a remarkable person, on a remarkable occasion, and contain a sentiment that ought to influence the heart and conduct of every physician. But, we write it with sorrow, medical literature, and especially medical periodical literature, affords too many examples where the exact super-scription of Cæsar has been retained and his image effaced—and more still, where the ideas and practice of one physician have been copied and published by another, without any allusion to the source whence they were borrowed: and in many instances of this dishonorable conduct, ignorance of prior publication would, in our opinion, be less justifiable than openly-confessed plagiarism. No one will deny the truth of these remarks—that they are appropriate, we think, will plainly appear in the sequel. We will briefly state that the preceding remarks are intended to apply generally to the authorities quoted by Dr. Thompson, and not to the Dr. himself, and that we are amongst those who have been benefitted by the doctor's observations at previous meetings of the State So-

ciety, and lamented his absence from the last; we admire his energy, professional honor and zeal, and had placed a higher estimate on his medical information than the present article justifies.

The Dr., after enumerating several cases in which he had prescribed turpentine, proceeds: "The first of these recorded cases in which I have used it, bears date 24th July, 1851, and, though I do not now remember upon whose suggestion I was first led to use it in the bold way I have since done, I suspect it was the paper of Dr. Hughes Willshire, in the 12th number of Braithwaite's Retrospect, on its uses in purpura, and wherein he mentions Dr. Copland's view of its *modus operandi*, to be absorbed into the blood, (Query, the turpentine or Copland's view,) and its thence producing an astringent effect upon the capillary vessels." Dr. Willshire has no article in that No. of the Retrospect, but Dr. Nelligan has one on Purpura, in which turpentine in full doses is used and recommended as a remedy in that disease, without any reference to Dr. Copland or his opinion. Nor is Dr. Thompson's description of Copland's view of its *modus operandi* exactly correct: "There is much misapprehension as to the operation of full doses of turpentine, given either by the mouth or in enemata; many supposing that they increase vascular action in the brain."

"The reader will perceive, upon perusing the account (published in the *London Med. and Phys. Journal* for May and July, 1821) of the experiments I performed; 1st upon myself; 2ndly on the lower animals, and 3dly in numerous cases of disease—that this substance, given so as to act upon the bowels, either from the largeness of the dose, or by the aid of a purgative conjoined with it, is a powerful derivative from the brain, diminishes vascular action in serous membranes, and *restores lost tone* to the extreme capillaries, especially in exhaling surfaces. The extensive experience I have since had of this medicine, has confirmed these inferences, but has shown that it may be injurious in the hands of those who are not well acquainted with the exact circumstances in which it may be given with advantage."—*Copland's Dictionary*, article Erysipelas, published 1834.

"The chief hindrances to the employment of this substance (Turpentine) are, 1st. A mistaken view of the nature and conse-

quences of its operation ; 2d. Its nauseous or unpleasant effects ; and 3d. The opinion that it cannot be retained by the stomach when nausea and vomiting are complained of. As to the *first* of these, I can assert that it is, according to the mode of its exhibition, antiphlogistic in acute inflammations, and more efficacious in arresting the progress and consequences of asthenic or diffusive inflammations than any other substance ; while it possesses the property of accommodating, by its tonic and astringent operation, the vascular and capillary system to the state and amount of its contents, of lowering the frequency of the pulse, and of restraining effusion from serous and mucous surfaces. That it is unpleasant, and that it is sometimes thrown off the stomach, I admit ; but in many such cases it is beneficial nevertheless, its emetic action, independently of the impression produced by it on a vital organ, occasionally being of service, and even actually required. In those cases where the irritability of the stomach is even the greatest, it not only is the most easily retained, but is actually the most efficient remedy for the removal of the irritability, which, in the opinion of many, is the chief reason against a recourse to it. But the exhibition of it by the mouth is often not the only, and sometimes not the most beneficial way of prescribing it ; for it may also be administered in enemata, or applied externally, and occasionally, according to the nature of the case, even more efficaciously than in any other mode."—*Copland*. Art. Puerperal Diseases, published in 1850.

We have here given the first and the last of Dr. C.'s recorded opinion of the effects of full doses of Turpentine in our possession ; and the reader by carefully remembering it will be able to see, as we proceed with this review, how applicable it is in many cases apparently of a very opposite character, but "involving similar functional or structural derangements."

Dr. Wood (*Practice of Medicine*, Vol. 1, Page 328) says, "It (turpentine) acts in some measure as a stimulant, but chiefly, I believe, as an alterative to the ulcerated surfaces in the intestinal mucous membrane."

Dr. Smith (*American Journal of Medical Sciences*, July 1850, page 168) remarks, "Turpentine, when taken internally, exerts a peculiar action on the mucous surfaces." After a careful peru-

sal and re-perusal of his more lengthy article in the same journal, page 196, we cannot see that the Dr. has thrown any light, at least any *new light* on the *modus operandi* of this medicine—he speaks highly of it as a *counter-irritant*, *vermifuge*, *purgative*, *astringent*, and *styptic*—gives an extensive list of diseases in which it has been beneficially employed and in a note records the names of the Physicians who prescribed it. “It would be a useless task (he says) to cite all the cases and all the maladies, in which the admirers of this drug have found it advantageous. Suffice it to say, that in every instance where prejudice has not interfered, and where *ignorance has not prescribed*, this drug has obtained favor and proved itself a faithful friend.” Our experience vouches for the truth of these remarks. The article of Willshire referred to by Dr. Thompson is not in our possession, and it would be useless to quote from Pereira as his work is in the library of every Physician who ought to practice medicine.

Dr. Thompson has given a list of diseases, which might have been considerably extended, in which Turpentine has been recommended and administered; and a reference to the systematic and periodical works in which the recommendations may be found. We now propose to take the diseases *seriatim*, and to show that Dr. Copland had previously used the drug in almost every instance; and that he has more clearly and fully stated, than any previous or subsequent writer, the exact pathological condition in each disease requiring the exhibition and use of Turpentine. This will be to us a pleasant task—for the Dr. has long been the “man of our counsel, a lamp unto our feet, and a light unto our path,” safely leading us through many intricate and perplexing scenes of professional difficulty. And we trust that many of our readers will be profited by a clear exposition of the circumstances demanding the use of a remedy that, in our hands, has not been inferior to any in saving the human fabric from destruction.

If time and space permit—we shall close our remarks by a record of cases in which Turpentine has been successfully employed in all but hopeless conditions of disease; and we here venture to assert that if there be a medicine which will fortify the system against an attack of typhoid fever—that medicine is *Turpentine*.

Our experience of it as a prophylactic is too limited to speak positively of its efficacy; and yet it is sufficiently extensive to encourage a hope that many cases of this fever may be prevented by a timely and persevering use of it by the healthy, when [once the disease gets foothold in a family.

It is of no real practical advantage to the junior practitioner to be told that this or that remedy is recommended in this or that disease, unless at the same time it is plainly shown at what stage of the disease the medicine is required, and what are the peculiar features of the disease in that stage demanding its use; and also, when it is understood, the way in which it acts in curing the disease—or, when it cannot effect this—in arresting its further progress. Now should any of our readers meet with a case of iritis (we have not seen one for over twenty years) and, in consequence of seeing turpentine alluded to as a remedy in that disease, should depend upon it as his main or only agent, he will, most assuredly be woefully disappointed. It was to procure the absorption of effused lymph and prevent the iris adhering to contiguous tissues that Carmichael used turpentine as a substitute for mercury, and he has precedence in this matter; his work on the use of turpentine in deep-seated inflammation of the eye was published in 1829. But this disease is so rare, that we will pass on to the typhoid pneumonia. Dr. Thompson alludes to one case in Braithwaite's Retrospect for 1840. "Dr. Huss considers the employments of the ethereal oil of turpentine to be one of the greatest improvements in the treatment of certain complications of typhoid fever. It is of essential value, he says, in the typhoid form of pneumonia, which is so apt to show itself between the eleventh and the fourteenth day of the disease; particularly in those cases where the debility of the heart's action is announced by the absence or diminution of the first sound of that organ. The weakened heart is then unable to propel the blood through the weakened capillaries of the lungs, congestion ensues, and proceeds to inflammation of a low typhoid kind. The other indications for the employment of turpentine, in this complication, are cough, with viscid and more or less bloody expectoration, dulness on percussion over some portion of the chest, particularly at the back part, with crepitation and tubular or

bronchial respiration there." He gave it every hour in small doses.—*British and Foreign Medical Review*, Oct., 1846, page 473.

"*Embrocations with spirits of turpentine*, applied over the chest or between the shoulders, are the most valuable remedies that can be used in this form of the disease, and in the advanced stages of the sthenic variety. The best mode of resorting to them is by means of two or three folds of flannel, of sufficient width to cover the greater part of the chest. These should be wrung as dry as possible out of hot water, be instantly sprinkled freely with the spirits of turpentine, and applied to the surface; taking care to cover them, when thus placed on the thorax, with a napkin, oil-skin, or other material which may prevent or much impede evaporation. This embrocation should be kept applied as long as the patient will endure it, or renewed from time to time. Instead of the spirits of turpentine, an embrocation consisting of equal parts of the compound camphor liniment, and of the turpentine liniment, with a little cajeput oil, may, after having been well shaken, be sprinkled on the warm flannel, and applied as thus directed. I believe that the inhalation of the vapor from this embrocation is partly influential in producing the benefit which accrues from it, and which I have witnessed in many cases."—*Copland's Dictionary*, vol. 2nd, page 777: London edition, and published in 1838. Article, Asthenic Inflammation of the Lungs.

We vouch for the utility of both modes, and have occasionally conjoined them; they are worthy of the attention of every physician who may be called upon to treat this frequently fatal form of Pneumonia. We recollect, some ten years ago, being called to a case of this disease that was considered hopeless by the friends and by the pretender who had been treating him. One tea-spoonful of turpentine was given every three hours, and hot flannels, moistened with turpentine, were applied to the chest, and covered with a piece of oiled newspaper, (our common covering). Occasionally the sheet was thrown over the face, so that the vapor should be thoroughly inhaled; in twelve hours the change for the better was very perceptible and the patient recovered. The pseudo-physician stood by and observed the whole proceeding, and

treasured up the supposed information for future use. Some two weeks afterwards he used the remedy in both ways in a case of sthenic pneumonia, with the effect, however, of all but producing suffocation, and aggravating the patient's sufferings ten-fold. We saw him the next day, but he ultimately died. Truly does Dr. Copland observe, "that it may be injurious in the hands of those who are not well acquainted with the exact circumstances in which it may be given with advantage." The hyperæmia of sthenic, and the passive congestion of asthenic inflammation, are widely different pathological conditions, especially when the latter is associated with a truly typhoid state of the system. The state of vital power and vascular action is very dissimilar, and unfortunate, indeed, is it for the patient when the physician does not know it.

(To be continued.)

Gunshot Wound. By S. O. LONG, M. D.

I WAS called on the night of April 25, 1852, to visit Mr. H——, some four miles distant, who was shot about an hour previously with a double-barrel gun, five balls taking effect. Present condition: He was covered with blood, very much prostrated, in excruciating pain, perfectly calm, but not expecting to survive the injury he had received. In examining the wounds, I found one ball had struck him on the radial side of the fore-arm, cutting out one of the initials of his name. Another passed through his clothes, abrading the skin several inches on his breast, just below the nipple. The third passed backwards through the superficial muscles of the neck, in the posterior triangle. The fourth about an inch above, through similar parts, and fifth and last ball struck the ramus of the jaw anterior to the ear. Not finding an outlet for this ball, I passed a probe in the orifice extended it under the concha, around the base of the skull to the ligamentum-nuchæ, where I found and extracted the same, by making an incision, which afforded him much relief. The concha and helix were much bruised, as if from the wadding. The hemorrhage which probably proceeded from division of the occipital and posterior auricular arteries, had subsided. Dressed the ear with lint

dipped in blood, applied compresses over the track of the balls, also lint moistened with oil, over the ball holes; directed Morphine grs. 2, water ʒij. a tea-spoonful to be given every half hour, until pain and restlessness were entirely controlled, then every four hours. 26th, patient quiet and easy, directed the above solution as the symptoms required. 27th, patient complains of pain in the head and wounds, face flushed, skin hot and dry, tongue covered with white coat, pulse quick and frequent, urine scanty and high colored. Directed cold applications to the head Sul. mag. ʒi tart-emeti gr. ss., and repeat every three hours, until the bowels move freely, then give two tea-spoonfuls of the following mixture every two hours: Tart. Ant. 1 gr. Nitrate Potash ʒi, and apply the warm water dressing to the wounds. 28th, patient more comfortable, pulse natural, tongue moist and cleaning, surface cool. The sul. mag. et ant. acted freely on the bowels. Directed the ant. and potash every four hours. Appearance of wounds: The ball-hole on the ramus filled with reddish lymph, the track impervious, the incision united; the track of the balls in the neck changed to dark-red color: dressed with stimulating lotion. 30th, patient improving, omitted all medicines. The liquid matter in the orifice of the superior wound had organized. The wounds in the neck assumed a dark yellow color. Treatment the same. May 2d, removed the slough from the wounds on the neck. The wound on the jaw had healed over. Dressed with digestive oint., applied adhesive straps to prevent the wound from gaping, and bandage; directed a generous diet. 3d, wounds suppurated freely, pus laudable, treatment continued. 11th, patient doing well, the wound filled with healthy granulations. Directed the zinc lotion to restrain profuse suppuration. 13th, coated the surface with collodion, which produced a comfortably feeling, and support to the parts: dismissed the patient. June 17th, Mr. H. called and informed me that three weeks before, he had exerted himself in his store, and irritated the parts, and one of the wounds had opened, which presented exuberant pale granulations. I removed the same with the nitrate of silver, and dressed with simple cerate. It healed soundly, and he has since enjoyed good health, and has been engaged in active business.

SELECTIONS.

From the Peninsular Journal of Medicine.

Notes of Travel. By "X."

He that wants to know how a thing is, must go and see it. If you want to know how deep a stream is, there is no way so good as to go and measure it. So lately, upon a time, while jogging about in Michigan and the adjoining states, it occurred to me to take the dimensions by actual statistics, of that Jordan of Quackery which Behemoth Bullhead "trusteth that he can draw up in his Corporal mouth:" for this came Jordan has roared and foamed and sputtered, until many people suppose it to be exceeding deep and mighty, and if the Corporal and the Q. K. army purpose to precipitate themselves into any rash undertaking, we must hold on to their over-valiant coat tails, lest they be "devoured in battle." Moved by these humane considerations I took statistical notes of such places as I visited, or could obtain reliable information about. The brief result of my examination, is, that there is more foam than fact about the quack clans, and any body will do Corporal Bullhead a service, who will get enough of them together into one phalanx, to make it worth his while to charge them. The results of my inquiries may be found in the subjoined table. From various causes the numbers may contain some errors. Changes are frequent, and though but a few weeks have elapsed, removals have by this time, transferred some practitioners, and many quacks, to other locations; then there were men who had partly retired from practice, and it was not easy to say whether they were still to be classed as acting physicians or not; and there were quacks, who held themselves up to practice anything and accommodated themselves to the whims of their patrons, so that it was a matter of difficulty, to know whether to call them Eclectics, Homœopaths, Botanists, or what. On account of these various sources of ambiguity, it was not possible to class them with perfect precision, but as a whole the table must be very nearly accurate. I have placed Homœopaths and Eclectics by themselves, because they boast the loudest of their numerical strength and supposed increase of power. All other quacks I put together under the head "Miscellaneous:"

SELECTIONS.

T A B L E .

<i>Places.</i>	<i>Regulars.</i>	<i>Homœopathists.</i>	<i>Eclectics.</i>	<i>Miscellaneous.</i>
Detroit,	40	8		6
Dearborn,	2			
Ypsilanti,	6	1		1
Ann Arbor,	7	3		
Dexter,	3	2		
Jackson,	9	2		1
Albion,	8		1	1
Marshall,	7	1	1	1
Galesburg,	2			
Battle Creek,	8	1		3
Kalamazoo,	10	2		
Paw Paw,	3	2		
Niles,	6		1	
Michigan City,	5			1
Laporte, Ia.,	6	1	2	
S. Bend, Ia.,	7	1	4	
Mishawaka; In.,	4		1	
White Pigeon,	2			
Coldwater,	9			3
Jonesville,	3	1		
Hillsdale,	7			
Adrian,	5	1	2	2
Toledo, O.,	12	1		3
Monroe,	8			
Eaton Rapids,	3	1	1	
Lansing,	3			1
Portland,	2			
Sebewa,	1			1
Lyons,	3	1		
Ionias,	4		1	
Lowell,	1			
Grand Rapids,	7	1		1
Middleville,	1			
Hastings,	4			
Schoolcraft,	2			1
Lawrence,	1			1
Breedsville,	1			
Pontiac,	7	1		1
Mt. Clemens,	5			1
Utica,	2			2
Washington,	2			1
Rochester,	3			
Romeo,	3			
Royal Oak,	3			

<i>Places.</i>	<i>Regulars.</i>	<i>Homœopathists.</i>	<i>Eclectics.</i>	<i>Miscellaneous.</i>
Birmingham,	3			
Constantine,	5			1
Mottville,	2			
Centreville,	3			
Union City,	4	1	1	
Total,	255	32	15	36
Total of all Practitioners 338.				

These places were taken at random as specimens of the territory in which they lie, and probably give a pretty fair view of the relative strength of Quackery in this region. I think the region as a whole, would not differ very widely from the percentages of the samples here given.

Of the entire number of practitioners, it will be seen by the table that about one in four is a Quack, about one in ten is a Homœopath, and one in twenty-two is an Eclectic.

The local distribution is also a curious point to be observed. Take the line of the Central Railroad from Detroit to Paw Paw, and it may be called the Homœopathic region, they being one-seventh of all the practitioners; while in the remainder they number only one in nineteen.—I commend these facts to the consideration of those who hear the loud boasts of his Homœopathic district, where little pill men talk and roar, as though this little patch of pillets were just on the verge of being a majority of the state. So far as I could discover, Homœopathic seemed to be about stationery in actual numbers, and declining, if compared with the increase of population. I found a considerable number of large places where it had died out entirely.

On the Southern Railroad there is a similar patch of Eclectics. If you take from the table the places from Laporte, (Ind.,) to Adrian, the Eclectics will be found to number about one-seventh of the practitioners, and the Homœopaths one-fifteenth.

The remaining quacks consists of Botanics, Hydropaths, Root Doctors, etc., etc., all of which I have classed under the head "Miscellaneous." I found a small water-cure establishment at Coldwater, but no one seemed to know much about it. I was informed that it had eight or ten patients in it. A case of death by cold water took place there just before I arrived. A Thomsonian doctor, who had become partly converted to Hydropathic, was taken sick. He deemed that his valuable life required the potent virtues of two systems of quackery to save it, so he forthwith swallowed a goodly prescription of red pepper and whiskey, and then sent for the Water-Cure doctor to come and treat him. The Hydropath put him in a wet sheet, ordered him to drink very freely of cold water, and left him for the night. Not being very desirous to

render to the bar of justice just then his soul's final account, he followed the directions vigorously. The nurse solemnly avers that she brought him two buckets of water in the night, and that he drank it all. How this is, I do not know, but one thing is certain, in the morning he "kicked the bucket," and went to settle his accounts with those of his patients, that had gone from his treatment to the other world before him. I saw in the same vicinity, a young man with a hopeless disease of the heart, brought on by cardiac rheumatism, transferred to that organ from other parts by cold water applications.

Those who watch the signs of the times in our profession, may, by help of the above table, mark one thing. The success of quack systems, is limited, localised, and interrupted by interference with each other: there is competition in the market, and *pathy* stocks must fall. There is a law of their rise and decline, which cannot be evaded. Once, patent medicines were all the rage, and enormous fortunes realized for a time, by those who got them early enough into the market to get a universal circulation. This started up thousands of other nostrums-inventors from every corner of the land; each anxious to make a huge fortune by puffing his remedy into use. But this could not last. Secret remedies were no longer wonderful when every newspaper advertised fifty. In such a crowd, no one could be distinguished, so the whole fell into disrepute, and although abundance of nostrums are sold, their day of glory is over. The same principles now hold in regard to *pathies*. It is the day of *system of remedies* now, the next natural step after the day of *single remedies*. But these are already too many to gain the highest glory,—they do not any of them go up with such eclat as did Brandreth's Pills,—and the machinery of propulsion for keeping them in motion is necessarily more ponderous and slow, but the principle is the same. If one *pathy* shines, a dozen more will spring up to share its money-making, and though they will live longer than patent medicines, their end is the same,—by multiplication they destroy each other. He that at this day invents a new quack system of practice, is a scoundrel if it is true, but he is doing the world service. These are some of my hasty thoughts after surveying the field. I have dwelt entirely in my statistics on *numerical* strength, because that can be estimated in numbers, but the impression that remains upon my mind, of the intellectual and moral power of the profession of this region, as a body, cannot be thus expressed. There is in it a peculiar aspect of cool and calm strength, overlying an amount of science and attainment, and backed up by solid elements of power and influence, that make vapory nonsense of the clamors of our enemies. I can but be rejoiced at the present even, and exult for the coming future.

From the Southern Journal.

Are the Subjects of Convulsion and of Anesthesia conscious?

Hypocrates in one of his aphorisms says that a person suffering pain without realizing it, is in very great danger. This assertion of the great observer, should not be permitted to pass without attention or with that smile of complacency with which the remark has been met by some, in whose presence it has been repeated. There may be simplicity in the affirmation, that pain exists without the knowledge or consciousness of the affected individual, but it is believed nevertheless to be an actual fact, by more than a moiety of the correct observers of animal functions, and human sufferings.

The question has been discussed, indeed the ground has been assumed, that the individual subject of surgical manipulation and under the influence of ether, chloroform, or any of the analogous agents, is not actually void of pain, or destitute of consciousness of its existence; but like the inebriated man, who acts consciously from the impulse of the moment, yet, when free from the agent which has produced the impression, all recollection—memory—is dead—the same as if the pain had not existed, the act had never been committed.

So too in convulsions, the practitioner has often from the stimulus of his own desire to know, as well as the sympathy or curiosity of by-standers or friends, to speculate as to the positive experience of suffering by his patient. For the most part, from the fact, that after the convulsive seizure has passed off the patient has no knowledge, no remembrance of the circumstances which had given to others so much cause for uneasiness, the question has summarily answered that though rigid and relaxed, spasmed and distorted, contorted and awfully tossed by the convulsive power, yet the patient did not positively suffer—had no knowledge of the agony endured, as evidenced during the continuance of active eclamptive. Such an opinion has been the comfort of the writer, who believes that it has been his misfortune to see more of convulsion than any one of his age in practice, until he was forced to entertain doubt.

The man with his senses bewildered, mind clouded, and sentiments debased by the influence of alcoholic drinks, may receive a castigation or a serious personal or physical wound, and cry out with lamentations and groans, and yet not be able after the poisonous influence has been permitted to die away, to tell when or how it was received—indeed may never know unless informed by others that he has submitted to an indignity, or by the blood and wound that he has met with an accident, or received an injury. And again, these things may occur and the memory, when the individual is first passing into a normal condition, will preserve very

faintly the impression made at the moment of occurrence. This has been observed very frequently though possibly not reflected upon by every one in this country, where unfortunately the opportunity is so often presented, by the unwise and illiberal perversions of the use of alcohol.

The same has been observed by every one who has employed the anæsthetic agents to any extent. Patients have during operations given every evidence that they suffered all the torment known to be inseparable from the particular operation, and yet, after all has been accomplished, and the mind permitted to resume its throne, have no remembrance of anything during the moments passed under anæsthetic influence; while others have a dim recollection of circumstances as they occurred, or of the circumstances somewhat perverted.

Is this not the case with persons under convulsive attacks? A case has presented to the writer's observation, which impressed him with peculiar force.

An interesting boy aged about three years, was observed by his parents to be unwell. Having lost two or three children by very sudden spasms, their fears were active, and the physician was promptly summoned. On examination no wireness or tension of the pulse, or nervous twitchings of the tendons could be discovered and the apprehensions were attempted to be allayed. After a few moments he was observed to bend his head to one side and down towards a shoulder. His mother asked him "what's the matter," to which he replied very faintly, "nothing." This was repeated three times, the same answer given twice, but no notice whatever the third time. But a very few moments elapsed, when he was seized with a most violent and general convulsion, distorting his countenance and affecting the muscles of his whole body and limbs; lasting for full fifteen minutes actively, when it passed off, leaving him in a listless, and apparently unconscious state for full half an hour longer. At the end of this period he opened his eyes, looked round, threw himself his full length, and very languidly exclaimed "what a hard ride that was I had on the wagon." It was indeed a hard ride, in a rough wagon, over a rough road; for I believe, though I have seen them of a longer duration, I have never seen a more violent action than that convulsion; and I am sorry to believe that the little fellow knew his sufferings, during their continuance, though he remembered them but for a few moments immediately after their subsidence.

The case I have thought to be worthy of record as a fact, which may with others, establish a conclusion something like positive, if it will not in itself settle a principle.

Sept. 10, '53.

F. A. RAMSEY.

From the Medical Examiner.

Case of Precocious Development of the Sexual System in a Female Child. By Charles Wilson, M. D., of New Berlin, Union Co., Pa.

IN Nov. 1850, while residing at Selin's Grove, in this county, I was called several miles into the country, at night, to see a case of croup. After the little sufferer was relieved and I was about to depart, the mother of the child requested me to prescribe for a daughter who had been in ill health for several weeks, on account of a suppression of the menses. I replied that as it depended altogether upon the state or condition of health her daughter was in, it would be necessary for me to see her before I could prescribe an appropriate remedy. So then stated that her daughter was not yet six years old, and was so bashful that I could get nothing out of her, nor would she remain in my presence. On many naturally expressing much surprise at what she related, and in answer to my earnest questions, the mother gave me the following history of her daughter's case:

Mary Ann G— was born in March, 1845. There was nothing remarkable observed in the child at birth, but the unusual size of the mammae, which were "as large as hen's eggs;" they increased rapidly, and at the fifth month had attained the size of a girl at puberty. The mother at this time noticed the child's diaper stained with blood, and upon examination, ascertained that it proceeded from the genitals. This discharge continued two days. In five months subsequently,—the tenth month of her age,—this discharge reappeared and continued for three days. After this it came on every three months, until she was four years old, when it did not appear at she accustomed time. The child fell into bad health and had the usual ailings of females laboring under a suppression. After using various remedies, she was again regular at the seventh month from the first period, when she immediately regained her former good health. Her menses, however, have since then appeared only every seven month; they continue, and have done so for several years, five days. Now, however, her time to be regulated has passed for some weeks without a show, and she again suffers bad health, for which I am consulted.

On expressing an anxious desire to the father to see and examine the child, he gratified me by leading the way to her chamber, where she lay on her bed asleep, and completely exposed her. She was about the ordinary stature of children of her age, but unusually heavy set and fat. Her breasts were about the size of a *well developed* adult virgin's, of which her father said she used to feel very proud, and take boastful airs on herself with the little playmates, but latterly has become shy and avoids any notice of

or allusion to them by others. The pudendum was thinly covered with black hair, and altogether she presented the appearance of a girl after the age of puberty.

In answer to my interrogatory, whether she ever manifested any amorous predilections for the other sex, the father replied that he had observed none.

I prescribed for this anomalous little creature, but heard nothing more of her, as her parents shortly afterwards removed to another residence.

From the Peninsular Journal of Medicine.

Silk instead of Sponge for Laryngeal Peobangs. By J. H. B.

Having had occasion to use topical remedies within my own vocal organs, I was surprised at the apparent harshness of the finest sponge I could procure, and was induced to try a ball of silk floss or ravelings, well fastened by sewing through-and-through loosely. It holds sufficient of any solution, and does not produce as much involuntary contraction as a sponge; hence it can be passed through the "rima glottidis" in most patients, in the first or second application to the throat, whereas a sponge often requires repeated trials, and is more painful than is necessary.

From the N. H. Journal of Medicine.

Alum as an Emetic.

Dr. C. D. Meigs used Alum successfully to rid the stomach of opium taken the destroy life. An ounce of powdered opium had been swallowed; thirty grs. sulphate of zinc had been given without the slightest effect; two hours after "the patient was in a somnolent condition." "One ounce of powdered alum was immediately procured, and one half of it, mixed with a little syrup, was given to the patient, and followed in a few minutes by two or three tumblers of warm water, when copious vomiting ensued, by which a free discharge of the contents of the stomach was induced." The remedy was repeated, and the patient entirely recovered.

From the "Medical Chronicle".

Traumatic Emphysema. By WALTER HENRY, M. D., Inspector General of Military Hospitals, &c.

I have read with interest a good case of traumatic emphysema from broken ribs, well treated and well described, in the November number of the Chronicle. Having had a good deal of experience in such cases, and also in more serious ones, where a ball or a pointed weapon wounds the lungs, I send you a few brief remarks on the subject, hoping that a communication from an old medical campaigner in the Peninsula may not be unacceptable.

Fracture of the ribs, with emphysema, is generally, and where great violence has not been the cause, more formidable in appearance than reality. To an inexperienced surgeon, the sight of a man in great pain and distress, breathing with difficulty and with his chest inflated like a barrel, is very alarming. Every bystander, of course, considers the case quite hopeless; yet, in the majority of such instances, there is no great danger. Under judicious treatment, adapted to the opposite conditions of collapse and reaction, restricting the action of the external respiratory muscles, and making the breathing as much phrenic as possible, with the employment of suitable medicines, nature soon effects a cure.

The first thing usually done after recovery from the immediate shock, is to apply a bandage round the chest; and, under ordinary circumstances, and when there is no hæmorrhage from the mouth, this is, doubtless, quite right. But it should be borne in mind, that a common calico or linen bandage, however scientifically applied, will soon slacken, cease to confine the chest effectually, and become nearly useless for the chief purpose of its employment. As soon, therefore, as the patient is removed to his own residence, or an hospital, a hempen or coarse linen vest, doubled, should be prepared and put on, which must be tightly fitted, and sewed, or laced down the back, and have straps to support it over the shoulders. This appears to me to be almost indispensable to the proper treatment of the case.

It is true that in some instances this constriction cannot be borne, being incompatible with respiration from the first; and in others it must be relaxed when inflammatory symptoms set in, even at the expense of disturbing the process of reunion in the broken ribs: still it is the most effectual treatment, but may be modified according to the state of the case, and the requirements of urgent symptoms.

When air is extensively diffused through the sub-cutaneous cellular tissues, and the patient is elderly or cachectic, the capillary circulation is so much impeded by its pressure, that the skin becomes cold, and of a livid, or nearly livid color, threatening gangrene. This is a most dangerous symptom, and the worst result is

to be apprehended. I have only seen two instances of this bad description, both of which ended fatally, though stimulating liniments, gentle local friction, warm flannels, and appropriate constitutional treatment were sedulously employed.

In cases where there is no danger of this kind, friction and liniments are also useful in hastening the absorption of the extravasated air. Emphysema occasionally disappears rapidly, and I have seen a chest nearly one-fourth larger than usual restored to its normal dimensions in a single night. The precise *modus operandi* of this absorption is as mysterious as marvellous. The air cannot be supposed to re-enter the wounded bronchi, which have contracted, and a healing process is going on in them. The lymphatics, it must be supposed, are inadequate to absorption on this scale. It is difficult to believe that the veins are the agents, because we know, that air in any great quantity in these vessels destroys life. Cases have occurred where the internal jugular vein has been wounded during the excision of a deep-seated cervical tumor, in which the suction of a gulp of air has been audible, and instantly fatal. When emphysema suddenly disappears, many cubic inches of air must have been absorbed in a few hours, and I believe that physiology has not yet settled how this is accomplished, nor some other difficulties of the process of absorption generally.

I have never seen emphysema of the chest unaccompanied by costal fracture or a wound; but we know from the authorities that this sometimes happens. Yet in some of the recorded cases, including the squeeze from an elephant, quoted in the article referred to, there is reason to suspect that undetected costal fracture may have taken place. Under certain circumstances of extensive emphysema, the crepitus of a broken rib may be very indistinct amidst the crepitus of the integuments. Limited, and what we may call idiopathic, emphysema has been caused occasionally by the violent efforts of puerperal women in restraining their breath.

This extravasation is not a very unusual accompaniment of sword and bayonet thrusts, and also, but more seldom, of bullet wounds. In the course of the Peninsular War, and the Nepaulese War in India, I have seen and treated many such cases, of which reports were forwarded to the proper authorities at the time. After a lapse of 35 years, or thereabouts, it is impossible to recollect them with distinctness; but my impression is that the presence of emphysema was considered a subordinate matter, and little regarded. It was even supposed, that when air thus found its way to the surface, there was less risk of hæmorrhage and internal inflammation.

In these cases, friction and stimulating unctuous applications were employed, and when the emphysema was extensive, and the skin tense, scarifications were attended with much benefit.

Of one case I retain a vivid recollection, because the patient was a friend and brother officer. He was wounded in one of the actions in the Pyrenees in July, 1813, by a musket ball, which passed deeply into the right lung and there remained. There was profuse hæmorrhage from the mouth immediately, with dreadful dyspnoea, and extensive emphysema over the upper part of the body. For the first three days he was in a most dangerous state, half suffocated, and only kept alive by frequent bleedings. During this time he lost more than two hundred ounces of blood, besides of the hæmorrhage.

My patient is now a General officer, residing in the south of England, in good health. He still carries the ball in his chest, where it has become encysted, nature having made a nest for it and the bits of cloth it carried in. It appears to rest upon the diaphragm, and the only inconvenience experienced from its presence is when sudden or violent bodily exertion is made; then alarming phrenic spasms occur. On this account the General, who was always fond of riding, although he still mounts his horse, cannot canter nor trot with any comfort.

A case of emphysema from broken ribs, very remarkable on account of the attending circumstances, occurred in Quebec in 1836. A soldier of the 66th Regiment, named Ramsay, was sitting on the outer edge of the rampart of the Citadel, gazing at the first spring ships coming round Point Levy. The place where he sat was immediately above the precipice, rising from the Lower Town, where there was no ditch nor glacis. By some carelessness he lost his balance and fell, first to the foot of the rampart, thirty-five feet, and then tumbled from rock to rock three hundred feet more, until he alighted on the roof of a house in Champlain Street.

I was then Surgeon of the 66th, and hastened to see the poor fellow. He was alive, but pulseless and insensible, and apparently dying. There were many bad cuts and lacerations over the body, from which the blood was still issuing; the chest and back were swollen and emphysematous, through which I could perceive the crepitus of broken ribs, though I could discover no fracture of the skull, nor other bones. After an hour's labor in restoring consciousness he at length recovered his senses, and was able to swallow a little brandy and water. I then proceeded to make a more careful examination of his body, and was pulling up his shirt for this purpose, when, after two or three deep sighs, he found utterance. It is natural to suppose that an expression of gratitude for his wonderful escape would have been his first exclamation, but poor Ramsay had other thoughts. His first words were, "*Ah, Doctor dear, dinna tear my sark!*"

This man had three of his right ribs broken, besides a large number of minor injuries. No doubt the numerous rocks project-

ing from the precipice broke his fall, and probably saved his life. His clothes were nearly cut to pieces, and each of these rents and tears was, no doubt, a quantity, however small, in the sum of resistance to the force of gravity. Besides, it is probable that the ribs were broken by the first fall to the foot of the rampart, when emphysema would take place. He was thus furnished with an elastic integument round the upper part of the body, which would, to a certain extent, defend him in his perilous descent, besides diminishing his specific gravity.

Ramsay was carefully removed to the Regimental Hospital, where his case excited much interest. In the evening there was great reaction, with high pyrexia and dyspnoea, such as might be expected under the circumstances, and large bleeding was required to subdue the inflammation. But after passing through a dangerous week, he finally recovered without permanent weakness or injury in the chest, and was discharged from hospital in about a month.

Montreal, Nov. 7, 1853.

From the Medical Times.

Elimination of Lead by Iodide of Potassium. Reported to the Biological Society by J. OUTRAM, Jun, Lecturer on Chemistry in the New York Preparatory School of Medicine.

The value of iodide of potassium, as a therapeutical agent in cases of lead and mercurial poisoning, is now well known, many cases having been cured by this treatment alone, in our hospitals. M. Melsens (the originator of this treatment) has given several cases of both lead and mercurial poisoning, which he had treated successfully by this means. He was of opinion that the metal was acted upon by the iodide of potassium converted into a soluble salt, and eliminated through the kidneys. To prove this to be the case, the metal must of course be found in the urine. This M. Melsens did not show, as he did not examine the urine chemically.

I have lately had an opportunity of examine the urine of several patients at the City Hospital, who have been under the above treatment for lead disease, and the experiments have entirely corroborated M. Melsens' theory, viz. :

That the lead is *not* eliminated before treatment ; and,

That it is eliminated in the urine after treatment.

The following is the process to which I subjected the urine. I evaporated it to dryness, and burned the residue until all the organic matter was driven off. This residue I boiled in dilute nitric acid, filtered, and then precipitated the lead by a stream of sulphureted hydrogen gas. Where the metal was present, it was thrown down as a black sulphuret.

I examined a number of samples of urine before the patients had been put on M. Melsens' treatment, and could not detect any trace of metal; while in those examined after treatment, the evidences of the metal were well marked. Sometimes, however, the lead could not be detected until the patient had been under treatment for some time. In most of the cases in which I detected the metal, the patients had been under treatment for at least four days; but in one case, which I examined every second or third day, from the time of his admission into the Hospital, it was about two weeks from the time of his being put on treatment till the time I first detected the metal in his urine. The dose of iodide of potassium that was given in those cases was \mathfrak{z} i daily, in divided doses.

There was one patient to whom iodide of potassium was given for another case. After a few days, the characteristic blue line appeared on the gums, and, in a day or two afterwards, I detected lead in his urine.

The quantity of urine examined each time was not less than six ounces. I have examined twelve cases from the Hospital, and three or four from private practice, and all of them with highly satisfactory results.

External Stimulus in Cholera.

The resources of professional judgment in the treatment of Cholera are not so numerous and efficient as to render a somewhat novel remedy unacceptable to those whose lot it may be to undertake the charge of many cases. I am indebted to a lady of heroic mind and great intelligence for the hints which led me to adopt in the collapse of cholera the powerful external stimulus which I shall presently describe. It appears that in the most desperate cases, even when life has appeared extinct, the native Indians are accustomed to apply the actual cautery freely to the abdomen, not unfrequently with the happy result of restored vitality. The remedy, based on the same principle, which I have employed in three cases with complete success in the Borough Jail of Newcastle, is precisely similar in kind, though somewhat less harsh and formidable in degree. A piece of linen dipped in brandy is placed over the epigastrium or abdomen, and ignited; the brandy burns away in a minute or so, producing a considerable feeling of pain, which renders it necessary to secure the hands of the patient. Slight vesication will probably follow, and, if successful, in a short time heart and pulse begin to return, and the feelings of the patient are greatly improved; vomiting will also generally be put a stop to. It is probable that the application may soon require repetition,

the situation being somewhat varied. In one case, now convalescent, in which death was apparently close at hand, the most complete effect was produced by a third application along the spine in the lumbar region. Time will not permit to give details of cases, but having now tried the "brandy blister" in seven or eight cases of total collapse, I repeat that in three it has been entirely successful, and in others has had the effect of temporarily rousing the patients; and if, as experience has taught me, in some of these it had been repeated with more energy, greater success might possibly have resulted. The patients now convalescent say that it is a severe remedy, but are quite conscious of its beneficial effects, and attribute to its use, without any hesitation, their restoration from impending death.—*Mr. Greenhow in Lancet.*

From the Peninsular Journal of Medicine.

Aphonia of Four Years' Standing, cured by Electro-Magnetism. By F. K. BAYLEY, M.D., Almont.

Mrs. S——, aged 78, in the spring of 1849, had a severe attack of Bronchitis, which was relieved by appropriate treatment.

On regaining her general strength, however, her voice was at times very hoarse, and at the close of the day it was difficult to speak loud at all. In the course of six months from the first attack, there was a complete Aphonia, which continued until last April.

At that time she was induced to make trial of Electro-Magnetism. In a few days after this means was tried, her voice became more distinct, but very rough at first. In the course of a week or two speech was natural, and has continued until the present time.

The favorable result in this case may lead to the use of Electro-Magnetism in other affections produced by want of proper innervation. I will add, the apparatus used was one manufactured by Charles Crosman, Detroit.

October, 1853.

[From the N. H. Journal of Medicine.

Case of Poisoning by Opium.—New Mode of Inducing Vomiting.

MR. EDITOR:—Mrs. S., æt. 30, previously in good health, while in a passion, induced by some domestic feud, procured and swallowed from 3v to 3viij. of tinct. opii. In a short time she became quite stupid. The poison had been swallowed forty-five minutes, when I arrived, and she had taken large draughts of tepid water, and mustard. j

She was quite stupid; cerebral vessels distended; face flushed, and could walk only with the assistance of two persons. Wishes to be left alone, that she may go to sleep. While held erect, her head falls to one side, and she breathes with some difficulty.

Ordered an emetic of pul. ipecac and pul. sinapis, aa. ʒij. in tepid water, to be followed by several tumblers of water, the head to be showered with cold water. No vomiting occurred in thirty minutes. Repeated the emetic. Introduced a feather into the œsophagus. Waited fifteen minutes; no relief; symptoms more grave. Ordered two tumblers of diluted vinegar, to be immediately followed by ʒij. of carb. potassa, in water. A powerful effervescence took place, which instantly produced most copious vomiting.

This is a new remedy with me in such cases, and one attended with most desirable results. It may answer instead of the stomach pump in many cases. If you think the case of sufficient interest, it is at your service for the Journal.

JAMES M. NYE.

[Lynn, Mass. Nov. 17, 1853.

(We recollect reading some years since, a case similar to the above; if our memory serves us right; in that case the patient, (from insensibility or obstinacy,) could not or would not swallow; the solution of alkali and the vinegar were injected into the Stomach through a tube; they were used in large quantities, and got up quite an impromptu "spouting fountain." In that case as in this, the result was satisfactory.—ED.)

From the Medical Examiner.

Extract from a Report of the Standing Committee on Surgery, read before the Kentucky State Medical Society, Oct. 1853. By JOSHUA FLINT, Professor.

The passion for operating, always sufficiently conspicuous in miscellaneous practice, has displayed itself, at different times, with appalling recklessness, in the conduct of specialties, and gathered its bloody laurels under favor of a present infatuation or panic respecting a particular form of disease. The *circulatores* of the middle ages, and the *emasculatores* of the eighteenth century, present remarkable illustrations of surgery run mad, in times past, while the *myotomists*, the *ovariotomists*, and the *womb-burners* of our own day, may fairly contend for the distinction of furnishing a modern parallel.

A tempting field for indulging the 'rage for cruel and bloody operations,' which Dr. Lee says 'has spread far and wide in England, and threatens to pervert and corrupt the sound and fundamental doctrines of British practice,' is found in the treatment of

morbid growths and malignant degenerations presenting themselves in the form of tumors, on the surface or in the cavities of the body. In the management of these diseases, a class of questions arises, the determination of which often involves the character of surgery in general, as well as that of the practitioner immediately interested, and exhibits, in signal contrast, the sound, conservative surgery of science, and that flippant, reckless counterfeit of it, that rests in artisanship.

In the midst of these perplexing questions of diagnosis and treatment, with which such cases often confound the most competent practitioner, the true surgeon pauses, watches, consults, palliates, and perhaps cures—the hero of the scalpel cuts the gordian knot, and with it, perhaps, the life-thread of the patient.

No grave operation should be undertaken upon a mere vague *hope* of success. The prudent and conscientious surgeon will act upon nothing short of a reasonable probability of definiteness and sufficient advantage to the patient, at a compensation for the pain and injury inflicted on him.

But the patient will certainly die if something be not done. With all deference, my enterprising friend, you must not say that so positively, and even if it were undoubtedly true, I must be allowed to add, it is none of your business. If you have any mode or means of relief for the sufferer, proceed, at once, to employ it, under the general responsibility of the healing-art—responsibilities the force of which can neither be augmented nor diminished by your conjectures about the duration of the patient's life. The Supreme author and arbiter of life has reserved all knowledge, on that subject, to himself; but has given a solemn lesson of its sacredness in his sight, in that august command—addressed as well to the surgeon as to the highwayman—"Thou shalt not kill."

EDITORIAL.

A Treatise on the Venereal Disease. By John Hunter, F. R. S., with copious additions by Phillip Ricord, Surgeon of the Hospital du Midi, Paris, etc., edited with notes by Freeman J. Bumstead, M. D., New York. Blanchard & Lea, Philadelphia, 1853.

SIXTEEN years have elapsed since the publication of the American edition of Hunter, on the Venereal disease, with Babbington's notes: during this period much has been added to our knowledge by Ricord, of Paris, and Acton of London. In the work before us we have the extensive experience and critical observation of the best syphilographers of the day added to the sagacity of the father of modern surgery—the wisdom of Hippocrates, and the polished expression of Celsus. Although many of the views of Hunter are now obsolete, he has nevertheless left us a splendid monument of untiring industry and speculative genius.

On comparing the first American with the present edition, we find the original method has been strictly regarded: the annotations of Babbington, the additions of Ricord and the American editor have been judiciously inserted in the respective chapters and subdivisions. In part IV. chap. I., we have the fullest exposition of M. Ricord's views; next in part VI., chap. I., and in part III. chap. XIV. and XV. he has given us valuable matter on gonorrheal ophthalmia, and gonorrheal rheumatism. Much could not be expected from the American editor, save a clear translation and proper arrangement of his material; the few notes he has added show his task has been performed with judgment. Those opinions of Hunter, which have stood the test of nearly a century, need but a passing notice, and will be cited, chiefly, to corroborate or refute the authority of his successors.

Ricord substantially denies the proposition of Hunter and Babbington, that gonorrhœa may be communicated to the woman before it has appeared in the man. Mr. Babbington extends his peculiar views to chancre, and says that infection may take place from a simple chancrous thickening, although no ulceration whatever is present. Ricord explains this in the following manner. "Chancres may be developed on a follicle in the cellular tissue or on the superficial lymphatic vessels, and be accompanied by surrounding induration which encloses them in a sort of shell or cyst. Under these circumstances they may appear to be simple indurations without suppuration, whilst during sexual intercourse the walls of the abscess gape. The pus escapes and communicates the disease, which is wrongfully attributed to a consecutive ulceration." We think this reasoning ingenious, if not demonstrably correct.

The Hunterian doctrine, that the poison of syphilis and gonorrhœa are the same, has been refuted. Although we have the valuable monographs of Tode, Hernaudez, Swediaur, Bell and Duncan, no clear summary of facts had been given until the publication of Ricord's experiments. The following are the results of the experience of more than twenty years :

I. *Whenever muco-pus is taken from a surface free from ulcerations—no matter what the previous symptoms may have been, the seat of the disease, its duration or its intensity—the results of its artificial inoculation are negative, in whatever tissue the experiment is made.*

II. *The existence of a mere ulceration, without distinction of kind upon mucous surfaces affected with a running, is not sufficient to produce chancre.*

III. *When I take muco-pus or pure pus from a mucous surface that I have not previously explored, and unable to obtain positive result by inoculation, I am forced to infer the existence of a concealed chancre.*

On this interesting subject the editor quotes from the recent work of M. Vidal, well known as one of Ricord's bitterest opponents. He says, "the most frequent and effective cause of gonorrhœa is virulent pus. * * * "It is difficult to distinguish

the two, but if you can satisfy yourself that there was true incubation in the case, and if the discharge tends to a chronic state, you will incline to believe it specific, and *vice versa*; and if syphilitic symptoms afterwards appear, the diagnosis will be plain." Hunter, in writing on the difficulty of distinguishing the virulent from the simple gonorrhœa, doubts very much the possibility of a person getting a fresh gonorrhœa while he has that disease; this is fallacious, for experience teaches us that repeated attacks cause a proclivity to infection, therefore, *a fortiori*, we are right in assuming that an individual with gonorrhœa may contract the disease afresh.

Different men are differently affected, one may cohabit with one particular woman who is diseased and escape, another may shortly follow and contract a clap. We have seen several cases of men diseased by wives who were perfectly chaste, but suffering from vaginal irritation, increased during *coitus*. In such individuals there is unusual susceptibility of the whole mucous system, and the slightest atmospheric change is sufficient to produce *coryza* or *bronchitis*. One case which came under our notice, recently could not be distinguished in its inception from the most aggravated form of specific disease; its disappearance, however, in a week proved its benign character.

Of the cure of gonorrhœa: Hunter tells us to have in view the possibility of some of the matter being absorbed, and afterwards appearing in the form of *Lues venerea*. It would be supererogatory to say that no treatment directed to such an end could be more erroneous, and should any surgeon at the present day advocate such a course, he would meet with censure if not ridicule.

Ricord gives the result of his experience in the treatment of gonorrhœa, which he considers definitively local in its character. "The pretended danger of a rapid cure or of driving in the discharge is imaginary, and the contrary proposition may be proved, viz.: the more rapid the cure, the more speedy security from complications."

He divides his abortive treatment into the *direct* and *indirect*; under the former head he places the nitrate of silver; under the latter copaiba and leeches. He uses a quantity of the nitrate which our experience convinces us is entirely too small. We pre-

fer Carmichael's solution, ten grains to the ounce, and have used as high as thirty, with less pain and inconvenience to the patient than two or three grains. There are individuals however of irritable constitution who cannot bear this active treatment, it is therefore obligatory on the surgeon to exercise judgment and discrimination.

Neither Ricord nor the editor mention the treatment of gonorrhœa by chloride of zinc injections, in proportion of one grain of the salt to an ounce of water. When the disease has passed to the second stage, Ricord uses copaiba and cubeba in combination, but does not accord to the latter all the virtues ascribed to it by Sir Astley Cooper; he agrees with Cullerier that there is something peculiar in the action of these agents on the *diseased* urethral membrane and that gonorrhœal discharges from the lower part of the rectum are not affected by them.

There are individuals on whom the usual remedies have little or no effect—the disease running on mitigated, but unchecked. In these we have usually found, on passing a bougie, a tender spot in the prostatic portion of the urethra. Our treatment of these cases is cauterization and the internal administration of the *Diosma crenato* (Buchu), combined with the tincture of the sesquichloride of iron. We fully agree with Ricord that the doses of copaiba usually given are entirely too small; we believe, too, that it is useless to protract its use beyond a fortnight or three weeks.

The editor informs us that it is exceedingly difficult to make the stomach tolerate the chief remedial agent—copaiba; he advises the formula of Velpeau, Vidal, Maissoneuve; had he consulted the London Lancet for Nov. 6, 1852, he would have found a description of the admirable *copahine mege capsules*, by M. Jozeau.

In the treatment of chordee Ricord uses pills of camphor and opium; when these are not successful he advises compression of the prepuce in front of the gland, first proposed by Dr. Sistock. Nothing is said about a medicine which has recently been used with much success in this troublesome affection, we refer to Lupulin; this should be given in doses of ten to fifteen grains in a little syrup, it possesses the advantage over other anaphrodisiacs that it causes no headache or constipation, and does not give rise to nervousness or any other unpleasant consequence.

The editor has appended to Ricord's treatment of epididymitis, a description of the operation of Velpeau of incising the tunica vaginalis, and that of Petit revived by Vidal of incising the body of the testicle. Vidal says, "in spite of the prejudices against this operation, he has performed it four hundred times without any bad result, and that it is always harmless if the incisions be confined to three-fourths of an inch in length."

In part III. chapter II., we have the treatment of strictures of the urethral canal. The different methods are taken up *seriatim*. Hunter informs us that the time a bougie should remain in the passage must be determined by the feelings of the patient; for it should never give pain if possible.

We have seen but few cases in which the bougie could not be used if properly handled; an injection of cold water, if the stricture be not very tight, with tincture of hyoscinus or tincture of opium into the rectum will reduce the morbid irritability of the parts. The different plans of dilatation of Mayor, Ducamp, Chrestien, Lallemand, and Velpeau are cursorily reviewed by Ricord: he prefers, however, Hunter's method of gradual dilatation. We must be guided in our treatment by the condition of the patient—it is not easy to lay down any invariable rule for the use of the bougie. In several obstinate cases of old standing strictures, we have succeeded in effecting a satisfactory cure by the following method: We take a metallic bougie of a size that will pass readily, and allow it to remain with the penis in a depending position until it falls out; then another of a larger size is introduced, and allowed to remain until its weight overcomes the contractile power of the stricture; this is repeated at first every day, after a while twice a day, until the largest size will pass. Combined with this instrumental treatment, we use as a resolvent the *unguentum hydragryi fortior*, rubbed up with camphor, and applied with friction along the urethra externally, while the bougie remains within the canal. After the instrument has been introduced two or three times, there will be aggravation of the discharge which before *mucoid* becomes *mucopurulent*; at the same time there may be chordee—these, however, will pass off in the progress of the cure.

The use of caustic, which is so highly lauded by Whately, is recommended by Hunter only in those cases where the stricture cannot be passed; in its application Ricord prefers Lallemaud's instrument; his editor should have noticed the improvement on it by Thompson, of London, which we think has greater merit than the original. In the treatment of strictures by incision, Ricord rejects the instruments of Amussat, Segalas, Leroy d'Etiolle, Tanchou, Guillon, Reybard, etc., all of which have some merit, and substitutes one of his own, which is figured in plate III. Finally, Ricord gives as a succinct account of Mr. Syme's operation by external incision. Our space will not admit us to consider at length this subject, which has brought upon its originator the thunders of the London school. We think it uncertain, and only to be performed in extreme cases of retention of urine. For interesting information on this subject we refer our readers to Mr. Syme's papers in the Edinburgh Medical and Surgical Journal, and to a paper by Mr. Guthrie in the London Lancet for June, 1851, and one by Mr. Simon in Ranking's Abstract, Vol. VIII.

Ricord has contributed valuable additions on the cause, course, and treatment of gonorrhœal ophthalmia, and gonorrheal rheumatism; he divides the ophthalmic disease into direct and sympathetic. In speaking of its treatment he has overlooked Tyrell's plan of incisions of the cornea, and leeches around the eye. Gonorrhœal rheumatism was first recognized by Swediaur; it is frequently caused by the too free use of antibleuorhagics; repercussion; it is rare during the first week. The predisposing causes are cold and moisture. The *femoro tibi* articulation is most frequently attacked in men, and, according to Cloquet and the *coxo-femoral* in women. The affected joint swells from effusion into the synorial cavity, in other words it is a subacute *hydrathus*. The remedies are the same as for common rheumatism.

There is an affection of the corpus cavernosum, the result of gonorrhœa, which was first described by Henry James Johnson, of London, and is not noticed by the editor; after observing this omission, we cannot give him as much credit for research as we had wished.

In part IV. chapter I., we have the subject of chancre discussed. Ricord in his addition asserts what he has before taught, that there can be no constitutional syphilis without a primary sore, except through hereditary transmission—that chancres, wherever situated, furnish specific and contagious pus. The results of artificial inoculation are more certain than the effects of ordinary contagion; and virulent pus which has been preserved a long time in tubes, may be inoculated like vaccine virus. Ricord denies what Hunter asserts, that there is a period of incubation for chancres; he lays down the proposition that *induration is a certain proof that the system is contaminated*. Our space will not allow us to discuss the mooted question of the unity or plurality of the syphilitic virus. We believe in the existence of one virus, which may be modified in the constitution of different individuals. Ricord, page 290, lays down the following unexceptionable rules: “*There are two things to be considered in the cure of a chancre, first—the cicatrization or disappearance of the ulcer; secondly—the state of the tissues beneath it. A cure is really affected only when the induration disappears. An indurated chancre which cicatrizes very rapidly will be followed by constitutional symptoms as well as one which continues a longer time; with it a more indurated chancre, which is as long or even longer in getting well than the former, will cause nothing of the kind. Induration being requisite for the production of the constitutional phenomena of syphilis, no matter how long the primary ulcer lasts.*”

In page 292, we are informed by Ricord that secondary symptoms have rarely if ever followed chancres which were destroyed before the fifth or sixth day after the infecting coitus. He refutes the charge that cauterisation favors the development of buboes.

The use of mercury in chancre is discussed in page 315, et seq. —A more rational course of treatment has supplanted the empirical mode of the early syphilographers. This subject has caused much controversy between the army and the civil surgeons of Great Britain; the former beginning with Dr. Hennen, have almost exclusively rejected mercurials; the latter use them in nearly every case. Mr. Rose, surgeon to the Guards in London, treated a

large * number of his men on the non-mercurial plan with decided success, only three requiring the old treatment. On the other hand Lawrence, Brodie, Cooper, Abernethy, Delpech, etc., deem mercury indispensable. Ricord and the French School, generally, are opposed to mercury for simple chancre. We think there is an intermediate course which the judgment of a skilful surgeon will lead him to follow. He should remember the advice given by Phœbus to Phœton—"If you ascend too high, you will burn the heavenly mansions; if you descend too low, you will burn the earth to ashes; do not drive to the right, you will there meet with the constellation of the serpent; avoid going too much to the left, you will there fall in contact with that of the altar; keep in the middle."

In military practice our experience enables us to say that the non-mercurial treatment is more suitable than in civil practice. Men are more under control and cleanliness can be better enforced. We have seen simple chancres become phagedenic under mercury, and we believe that buboes will oftener follow chancre when treated with it than without it—there is, however, the indurated chancre which always requires it.

Ricord, in opposition to Hunter, who makes but one kind of bubo, makes seven. We have space to notice but a few of these. *Primary syphilitic*, this has always a chancre for its antecedent. *Non-consecutive*, whose only antecedent is sexual intercourse without any primary symptoms: inoculable pus cannot be obtained from it. *Benignant*, which follows gonorrhœa. *Constitutional or Secondary*, is identical in its nature with other manifestations of constitutional syphilis, as swellings of the cervical ganglia, etc.

In the abortive treatment of buboes, Ricord advises compression; this we have found can rarely be borne. Malapert proposed cauterization of the superimposed integument, we believe, this is seldom successful. If a bubo is indolent, we prefer the strong mercurial ointment, combined with camphor, rubbed in twice daily for three consecutive days.

* Having mislaid our notes we cannot give the figures.

In opening a bubo, we think caustic is to be preferred, unless it is quite small; it then heals from the bottom, and there is no superfluous skin left.

In the division of syphilitic symptoms Hunter and Ricord agree. The primary ulcer rarely lasts long enough for tertiary symptoms to be developed; and the treatment which modifies the secondary symptoms and keeps them under its influence so long as its action lasts may not have the least prophylactic effect on the tertiary symptoms.

We now come to a most interesting branch of syphilography—cutaneous affections. Hunter divided them into *tubercle*, seated in the sebaceous glands; it first appears as a small hard substance like a pea, the inflammation quickly extends from beneath to the surface, sometimes it ulcerates and acquires the characteristic brownish tint. *Lichen*, consisting of small acuminate pimples, some of which imperfectly suppurate.

Psoriasis and Lepra. The scaly eruptions are very common in venereal disease; there is but little difference between them when arising from other causes.

Rupia. This begins on the surface of the cutis and sometimes resembles ulcerating tubercles.

Modern Dermatologists divide syphilitic cutaneous disease into *exanthematous*, *papular*, *squamous*, *vesicular*, *pustular*, and *ulcerous*. Syphilitic eruptions occur in those, who have taken no mercury for an indurated chancre. The parts of the body affected are in the following order—on the trunk and extremities, about the genital organs, scalp, face, sole of the foot, and palm of the hand—and the external meatus auditorius. The peculiar form of the primary ulcer has no influence on the value of the secondary acception. Ricord goes so far as to say there is not a single variety of cutaneous affection which may not be produced by syphilitic virus.

Among the hereditary diseases none so justly deserve the title as syphilis; while yet the child is in embryo, it may become infected through the constitution of the mother; it may, too, receive syphilitic infection from the sire. "If either parent, or both have the symptoms of constitutional syphilis, whether developed or

undeveloped, the disease will show itself on the infant a few weeks after birth. There is a disease which Paul Dubois has recently noticed as due to constitutional syphilis in infants—*pemphigus*; this is often difficult to distinguish from the ordinary disease by the same name.

The treatment of infantile syphilis, requires considerable care. We prefer that of Brodie to all others. He advises mercurial ointment spread over a flannel roller and wound around the child's body: the restlessness and kicking of the child causes irritation of cuticle and thus facilitates the absorption of the mercury. When given in this way, it does not either gripe or purge, nor does it cause sore gums.

Under the head of tertiary syphilis, Ricord places syphilitic *sarcocoele* so well described by Bell, Cooper and Dapnytren, and denied by Hunter. Ricord gives it the name of *albuginitis*. He considers it one of the first symptoms of tertiary syphilis. It may appear after several months, and it may be postponed for years. This disease is stated in the tunica albuginea of the testicle: the epididymis and vas deferens are not often involved unless the patient has had gonorrhœal *epididymitis*. The slightest exciting cause, as a blow or strain, in an individual suffering from constitutional syphilis, may prove an exciting cause. Sometimes this affection of the testicle begins with atrophy; indeed, Vidal thinks the gland may become atrophied without any previous lesion. Constitutional syphilis alone being both the predisposing and the exciting cause. Ricord says the mistake of this assertion may be accounted for by the knowledge that partial *albuginitis* may occur without becoming so large, or so painful as to excite the attention of the patient. Ricord says, "*it may be laid down as a rule, that whenever syphilis alone acts on the testicle, suppuration never occurs; tubercular tumours of the scrotum, like other syphilitic tubercles of the cellular tissue can alone suppurate.*" We may here advert to the animosity existing between Ricord and Vidal, and would advise our readers to take *cum grano salis*, whatever reciprocal contradiction they may make.

Ricord gives some judicious rules for administering mercury. "Give it internally when the digestive organs are in good condi-

tion; if the stomach will not tolerate it, use inunction; if both stomach and skin are irritable, we should combine the two methods. If the patient cannot be brought under its influence by these methods, we should use fumigation. If after a week the patient's constitution shows no sign of favorable change, the dose should be increased. Mercury has been found in nearly all the tissues after death; M. Regnard, of Toulon, found it in the brain, M. Grassi, of the Hospital du Midi, found it in the suppurating surface of the left anterior lobe of the cerebrum; M. Chevalier says it does not pass into the milk of nurses, while Barruel found it in the breasts of a female who died of puerperal peritonitis.

The editor has appended to Ricord's observations on tertiary syphilis, an abstract from a Thesis recently published in Paris, on syphilitic disease of the lungs. The author, M. Lagneau, has collected fifty-three cases in which syphilis was the "unequivocal" cause of the existing changes. M. M. Depaul, Dubois and Gubler have observed abscesses of the thymus gland, coincident with pemphigus, *neo natorum*, and syphilitic disease of the liver, consisting in the exaltation of fibro-plastic matter, the result of pre-existing inflammation.

It is well known that M. Ricord is a strenuous advocate for the use of Iodine in tertiary syphilis, he has, however, become more exclusive than formerly. That it is a valuable medicine we will not deny, but we would ask our readers who may peruse this work to keep before them the Horatian maxim, *Nullius addicta jurare in verba magistri*. Absolutism in medicine is the offspring of French institutions; eclecticism is the child of our own soil. We have seen those who were utterly confounded, when iodine failed, because they had learned no other treatment. There is a medicine which M. Ricord does not notice; we refer to the decoction of Zittman. We have used this extensively in a large elumosity institution, both as a remedial agent, *per se*, and as an adjuvant to the iodine treatment, and we are satisfied with its *autrophic* powers.

The following is a *resume* of this very intractable form of syphilis. Iodide of Potassium beginning with doses of two scruples a day, in decoction of hops or sarsaparilla, its effects on the

dejective organs, and its producing a kind of ptylalism should not be overlooked. *

When the tertiary and secondary stages run into each other, a condition which is readily recognised by the presence of deep tubercles of the skin, and mucous membranes, the protoiodide of mercury is to be given. In the squamous eruptions use an ointment of tar and cerate in the proportion of one part of the former to three of the latter.

In part VI., chap. V., Ricord has given some judicious advice on the *prophylaxis* of the venereal disease. As it is more particularly adapted to the meridian of Paris, we will not transcribe it: but would refer those, whose libidinous propensities are uncontrollable to it for perusal. We are glad to see a book containing so much varied and valuable information within reach of all medical men, and we hope they will avail themselves of its useful precepts. The translator of Ricord's additions has done his duty well, and given us for pure Gallic, the vigorous Anglo Saxon. The typography is respectable and the lithographic plates are excellent.

For sale by Keen & Bro's.

W. H. T

Experimental Researches applied to Physiology and Pathology. By E. Brown-Sequard, M.D., P. etc., New York. H. Bailliere, No. 290 Broadway.

We have received this little work from the publisher. The articles which it contains have already appeared in the *Medical Examiner* and are now collected and presented to the profession in a permanent form. The experiments of this distinguished physiologist have been regarded with much interest by the profession in this country.

The article on the treatment of epilepsy we publish entire. Our readers will remember that in our last volume we published a paper from Dr. Marshall Hall on this disease. It will be seen that our Author fully sustains Dr. Hall's views:

* Atrophy of the breast and testis has been said by Mr. Hill (Edinburgh Medical Journal Vol. XXV.,) to have resulted from its use. We believe the charge unfounded.

I have made numerous experiments with regard to the treatment of this dreadful affection, and I intend to publish them, in extenso, when some points that are still obscure have become clear to my mind. Here I will merely relate some of the most important results of my researches. As I have had the opportunity during the last three or four years of observing every day a great many animals (more than a hundred) which had a convulsive affection resembling epilepsy very much, I have been able to discover some very interesting facts, among which are the following:

1st. For each epileptic animal, the number of fits, in a given time, is generally in a direct proportion with the quantity of food taken.

2d. There is an inverse proportion between the amount of exercise and the number of fits.

3d. Cauterisation of the mucous membrane of the larynx is able either to cure or to relieve these epileptic animals.

The convulsive affection existing in almost all these animals was the consequence of a transversal section of a lateral half of the spinal cord, in the dorsal or in the lumbar region.

I have already published the results of my experiments on epilepsy, in my lectures before large classes of Physicians and Medical students, both in France in 1851 and in this country in 1852.

These results are in perfect accordance with the views of Dr. Marshall Hall in relation to epilepsy. As the views of this eminent biologist are generally known, I need not expose them, and I will merely remind my readers of the three following points:

1st. The first muscles that contract spasmodically in almost all, if not all, the cases of epileptic fits, are those of the larynx and the neck; 2nd, spasms of the glottis taking place then, produces suffocation, in consequence of which convulsions are produced in the trunk and the limbs; 3d, tracheotomy may prevent these convulsions by preventing suffocation, and it is known that in some cases tracheotomy has cured epilepsy.

It has been objected to Marshall Hall that in cases of poisoning by strychnine, convulsions take place even when a tracheal tube renders respiration perfectly free. This objection has no value, because the state of the spinal cord in epileptics is not the same as in men or animals poisoned by strychnine. Certainly the excitability of the spinal cord is greater in epileptics than in healthy persons, but the degree of excitability of that nervous centre is much greater in persons poisoned by strychnine than in epileptics; and, therefore, it is easy to understand that certain excitations are able to produce general convulsions in one case and not in the other.

we give a very slight dose of strychnine to an animal, so as to poison it, but merely to increase slightly the excitability of

the spinal cord, there are no convulsions when we touch or pinch or burn the skin, but if we prevent breathing for a few seconds only, general convulsions take place, exactly as in epileptic men or animals.

It has been said also, in opposition to Marshall Hall, that a spasm of the glottis of the severest kind occurs in cases of hooping cough, of spasmodic croup and even of apoplexy, without the occurrence of any other convulsions. The answer to this objection is, that in epilepsy the spinal cord is more excitable than in these other diseases, so that the same kind of excitation does not produce the same effect.

A great many facts, that I will publish elsewhere, prove that black blood, very probable by its carbonic acid, is an excitant of the spinal cord and of the medulla oblongata. When, as is the case in asphyxia, the blood is not oxygenated and deprived of the carbonic acid constantly produced in it, or received by it from different tissues, then the excitation made on these nervous centres becomes so powerful that convulsions are produced. This is found in men and animals, even in perfect health. If the asphyxia is incomplete, convulsions are not produced, unless the excitability of the spinal cord is greater than usual, and this is the case in epileptics.

In November, 1851, at the *Ecole Pratique*, of Paris, I published for the first time, before a class of about forty young Physicians and Medical students, the results of my experiments as regards the cauterization of the larynx in epilepsy. About eight months after, Dr. Eben Watson published a paper* in which he says: "The treatment I would now propose instead of tracheotomy is simply the application of a solution of nitrate of silver, varying in strength with the requirements of the case, to the glottis of the patient, with the view of diminishing the nervous excitability of the part in question. A similar treatment has been found by me remarkably successful in alleviating and removing, in a short time, the susceptibility of the patient to laryngismus, in cases of hooping cough, and of spasmodic croup (*laryngismus stridulus*,) nor can I see any reason why a similar result should not ensue in chronic cases of epilepsy."

The reasons given by Dr. E. Watson are partly the same by which I had been led long before him to perform the operation he suggests. But I had also some other reasons. It is perfectly known, in the actual state of Medical Science, that the greatest changes may be produced in the nervous centres, as well as in the nerves, by a very strong excitation of the termination of

* Remarks on Dr. M. Hall's theory of the relation of Laryngismus to Epilepsy. In *London Journal of Medicine*, July, 1852, pp. 641-43.

the nervous fibres in the skin or the mucous membranes. On this principle are founded many modes of treatment of some diseases of the spinal cord and of neuralgia. The application of caustics, blisters, cupping, hot iron, etc., is based on this principle. In accordance with it I am inclined to believe that epilepsy might be cured by a mere application of a hot iron to the skin of the neck; at least I have had two guinea-pigs cured after such an application, repeated three or four times.

The operation of tracheotomy proposed by Marshall Hall has proved successful in some cases. But it is a dangerous operation, and if it is proved that another one much slighter can produce the same good effects, it ought not to be practised.

That other operation is the cauterization of the larynx; it prevents the closure of the glottis, and thus is able to cure or to relieve epileptic patients as well as it cures some other diseases. Every learned physician knows that it is sufficient to cauterize the larynx once or twice to cure whooping cough in almost every case.

When the cause of the epileptic fits is excessive, and when the spinal cord is very excitable, to allow free breathing merely will not be sufficient to prevent the general convulsions. But their violence, if respiration is free, will be deprived of all the effect that would be produced by the excitation of black blood if breathing did not take place.

The distinction made between organic and inorganic epilepsy has not the importance that some writers seem to admit. There are alterations in the nervous system in both cases, and the only difference is that these alterations can be easily seen with the naked eye in one case and not in the other. I ought to point out that the cases of epilepsy in animals, which I have cured, although the apparent and primitive cause of the disease, *i. e.* a section of a lateral half of the spinal cord, continued to exist.

The cauterisation of the larynx on these animals was made every day, or every other day, and sometimes during two or three months. In some cases, the relief having been immediate, the cauterisation was made only twice a week. One of the animals experimented on was cured after three or four cauterisations; but the number of cauterisations necessary has been generally very much greater. When I left France in February, 1852, I had cured about a third of the animals treated by this method; and all the others, except two or three, had been very much relieved, and certainly many of them would have been cured if the treatment had been prolonged.

I know that an animal was cured, not only by the absence of spontaneous fits, but when I could not produce a fit by giving

great pain. I had found that on any epileptic animal, except immediately after a paroxysm, I could very easily produce a fit by exciting pain and more particularly by pinching or burning the skin of the face or neck. So that I am authorised to believe that when a fit was not produced by pinching or burning the face, it was because epilepsy had ceased to exist.

Some physicians in this country have already tried on men the mode of treatment that I have found so successful on animals. From what I know of the results of their attempt, it seems to me that man is like animals in this respect. There has not been yet a complete curation; but, except in one case, there has been a very considerable diminution in the frequency and the intensity of the fits.

As physicians who have to treat epileptics, have not to make experiments, but to cure by making use of all the best means together, I think that the treatment of epilepsy ought not to consist merely of the cauterisation of the larynx. The plan of treatment I should suggest is the following:

1st. A cauterisation of the larynx with a strong solution of nitrate of silver, (at least 60 grains to the ounce,) every day, for at least five or six weeks.

2d. A cauterisation of the skin of the neck over the spine, with a hot iron, once a fortnight, for about two or three months.

3d. Exercise and gymnastics.

4th. Make use of oxide of zinc or ammoniated copper, remedies which a very respectable physician of Geneva, [Switzerland] Dr. Herpin, has found successful in many cases, when their dose has been considerable.*

5th. If in a fit of epileptic the suffocation is very considerable, the operation of tracheotomy ought then to be performed immediately.

Our author maintains that the apparently spontaneous contractions occurring during life and after death, are due to a stimulus brought in contact with the contractile tissues by means of the circulation. He has found that these contractions are much more marked during asphyxia. From this fact, and other reasons, he has been led to believe that the force of the heart's action is increased during asphyxia at least for a short time. Our author details a series of experiments tending to establish the same fact, from all of which he concludes that "black blood, by its carbonic acid, is an excitant

* See his admirable work: *Du Pronostic et du Traitement de l'Epilepsy*. Paris, 1852. Ouvrage couronné par l'Institut de France.

of the beatings of the heart. If, now, we adduce to these facts all those I have related in a preceding article, on the apparently spontaneous contractions in all the contractile tissues of the body, we shall have a very considerable number of facts, proving that, during asphyxia, there is an accumulation in the blood of the principle which causes these contractions. I believe that it is almost impossible to deny that this principle is the carbonic acid gas."

This book is a true exemplification of the maxim *Multum in Parvo*. J.

An address delivered before the Pennsylvania Society of Dental Surgery, by ELISHA TOWNSEND, D. D. S., etc. Opening address delivered before the Society of the Alumni of the Baltimore College of Dental Surgery, by E. TOWNSEND, D. D. S.

WE are under obligations to Dr. ELDER for a copy of each of the above productions.

Dentistry has already become a science as well as an art. Some of the best minds in our country are engaged in the study and practice of it, correcting irregularities and repairing deficiencies in the teeth, by applying the known laws of physiological science. An interesting feature in the history of Dentistry at the present day is the establishment of Colleges of Dental Surgery, where a regular and systematic course of study can be pursued, when the young man is taught not only how to extract and perform other mechanical operations on the teeth, but the anatomy of the structures with which he has to deal; the relation they bear to other near and remote parts of the system; the diseases to which they are subject, their therapeutical indications, and the remedies appropriate for removing them. The superiority of the dentist thus educated over the mere tooth extractor is of the same character as that of the surgeon of the present day, well instructed in the art and skilled in the science of his profession, over the barber, whose only merit consists in knowing how to bleed, and leech, and cup.

Dental like general surgery, to accomplish its highest mission, must be conservative, it must seek not to mutilate but to save from mutilation. In reference to this subject, Dr. TOWNSEND very appropriately remarks:

The Dental Surgeon should remember that every time he extracts a tooth, he acknowledges against himself, or against his profession, or against both together, that he cannot cure, and therefore must mutilate. I repeat, it is the imperfection of our art, that we must extract at all.

It may be, indeed, in the very nature of things, impossible to avoid it in any conceivable state of knowledge; still that necessity will ever stand as a professional defect, and all progress, consists in diminishing that necessity. I am not ashamed of my workmanship, nor do I refuse the credit it gives me, but the man who will teach me how to save a tooth, that I am now obliged to sacrifice, is my master in the science of Dentistry, without the proof of any other claim, and I gladly yield him the post of honor.

It is in this regard, in the preservation, the cure, the prevention of disease, that general and thorough medical science becomes available, and takes the rank I would assign it in Dental Surgery.

The teeth are a part, and no mean or very remote part of the general organization, their sensibility is delicate, though subdued, and their liability to disease, *itself* indicates their acute activity of life. In the proportion of this sensibility and liability, as well as of their functional importance, they are interlinked by active sympathies with the entire frame. Disease in distantly situated, but nearly related organs, affects them symptomatically, and their original derangements react again upon associated organs. The entire digestive apparatus is involved in these connections, by direct functional relation. Dyspepsia has been unsuccessfully treated, and teeth have been erroneously and needlessly extracted, in ignorance or neglect of this mutual dependency. Indeed, the man who has not remedied tooth-ache by emetics, cathartics, and other medicinal appliances, to the *primæ viæ*, has either had but little practice in dentistry, or deserved to have still less. I have taken an obvious instance to represent a principle.

There are many less familiar connections, and many, doubtless, quite unknown, in which general science would prove available in our branch of remedial practice. Besides, idiopathic affections of the teeth and gums, are themselves diseases, and their treatment supposes an acquaintance with the laws of life, both healthy and abnormal, and with hygienic and therapeutic principles. I would have every Dentist go in debt to the other branches of medicine for all they can confer upon him, and than repay it all by some worthy contribution of discovery in remedial treatment to the general stock.

Did our limits permit, we should be glad to make still further extracts. The above is sufficient to show the liberal spirit with which this department of professional labor is at the present day

pursued, and the earnestness with which the distinguished author of those addresses is endeavoring to advance the interest and elevate the standard of attainments in dental surgery. / J.

Medical Jurisprudence. By Alfred S. Taylor, M. D., F. R. S., etc., edited with additions, by Edward Hartshorne, M. D. etc. Philadelphia: Blanchard & Lea, 1854.

THE third American from the fourth London edition of Dr. Taylor's very valuable work has been received from the publishers. There is not attached in this country the degree of interest to Medical Jurisprudence that there is in England. Here it is very seldom the case that coroners are chosen from the medical profession, and we are satisfied that there is not generally that careful scrutiny in reference to the cause of death in cases of inquest that there would be, were the examinations conducted by well educated medical men. There is more importance attached in this country to those medico-legal questions of a civil, or if criminal not of a capital nature.

The subject of poisons is treated of very fully and explicitly, the tests for the different articles usually made use of minutely and carefully described, and their effects on the system clearly and accurately pointed out.

The relation which the physician sustains to the community renders it obligatory upon him to be always prepared, not only to apply the resources of our science in relieving the suffering and restoring them to health, but also in detecting crime, bringing the offender to justice, and in assisting the proper officers in determining the moral responsibility of the insane. In order that these trusts may be met, no physician should remain ignorant in regard to those subjects on which he is liable at any day to be questioned before our legal tribunals. For the benefit of the accused, for the interest of society, and for the honor of the profession he should qualify himself to give an intelligent and correct opinion whenever his knowledge shall be required by the State or by the individual.

We have been led to these reflections from a conviction of the fact, that often the criminal has escaped unwhipt of justice, while the innocent has been punished, that the insane have been imprisoned, while these feigning insanity have been tenderly cared for in an asylum, either from the ignorance of medical witnesses or from the low estimate placed by juries and judges on medical testimony. We cannot wonder that this is the case, when we remember that our laws recognize no difference between the self-constituted doctor, the man who affixes the title to his name, but is destitute of every qualification; and him who, laboring earnestly and patiently, has won a right to the title, and received as a sanction to his practice and a guarantee for his knowledge the approbation of medical schools, or of regularly organized medical societies. We do not insist that every man shall have a diploma, but that physicians are the proper persons to judge of the qualifications necessary to the practice of the *ars medendi*. The most miserable pretenders are paraded in our courts of justice, insulting our juries, mocking our judges, and jeopardizing the lives and liberties of our citizens by their ignorance and stupidity. Medical witnesses are too often chosen, not in consequence of their acknowledged skill and attainments, but with reference to the nature of the testimony which they are expected to give, whether favorable or otherwise. The result of all this is, that our profession is injured in the estimation of the law and of the public. The adverse opinions and conflicting testimony so frequently produced, gives rise to the idea, that in medicine there is nothing certain, that there are no fixed principles. We know of no remedy for this, unless it be for all who would claim respectability in our profession to obtain a real and not a fictitious knowledge, basing our claims, like the lawyer and the divine, upon what we are able to perform, while at the same time we avail ourselves of every legitimate means for discouraging quackery and pretension, and for diffusing among the people that amount of medical knowledge which will prepare them, not to be their own doctors, but to exercise a discrimination in their choice of physicians to enable them to recognise and appreciate real attainments.

But we have wandered away from Dr. Taylor's book, which by

the way we would recommend to all who are desirous of becoming well prepared for this part of professional duty.

For sale by D. B. Cooke & Co., 135 Lake st.

J.

Knox County Medical Society.

IN accordance with previous notice, Knox Co. Medical Society met on the 9th instant, at Henderson.

The roll being called, four of the members were absent. The case of those absent at the preceding meeting being next taken up, the causes of non-attendance which were offered, were deemed sufficient grounds for absence.

On invitation of the society, Dr. J. L. Fifield of Victoria, became a member.

On recommendation of the president the following committees were appointed, with orders to prepare written reports upon the subject assigned to them; to be read at the next meeting of the society, viz.: Drs. Duncan, Edgerton and Spalding, to report on the epidemics most prevalent in the vicinity; Drs. Lane and Fifield, to report upon the state of the profession in the county; Drs. Cooper and Brewer, to report upon the subject of quackery. The society then entered into a spirited discussion relative to the propriety of striking a line of demarcation between the members of this society, and those members of the profession in the vicinity who refuse to attach themselves to it. It was finally left to the option of the committee on the "state of the profession in the vicinity," to report on this subject, as they might see fit. The society next proceeded to a report of cases. Allusion was made to the recent dysenteric epidemic which has prevailed, during the last season at Berwick. Dr. Spalding reported the phenomena, which were present in the disease as witnessed by himself. The disease seems in a few cases to have supervened upon measles, yet in the majority of instances, appears to have been idiopathic in character. The attention of the society was next directed to the treatment of dysentery in general.

On motion, the society instructed the secretary to forward a copy of the proceedings of this meeting for publication in the *Knoxville Journal* and in the *North Western Med. and Surg. Journal*.

On motion, the society adjourned to meet again at Galesburg, at its next quarterly meeting.

J. W. SPALDING, M.D., Pres't.

L. C. LANE, M.D., Sec.

HENDERSON, Oct. 9th, 1853.

The American Medical Association.

The seventh annual meeting of the American Medical Association will be held in the city of St. Louis, on Tuesday, May 2nd, 1854.

The secretaries of all societies, and all other bodies entitled to representation in the association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*,—and it is *earnestly* desired by the committee of arrangements that the appointments be made at as early a period as possible.

The following are extracts from Art. 2nd of the constitution :

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates.—and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

"Delegates representing the medical staffs of the United States Army and Navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the last meeting of the association held in New York, in May, 1853.

E. S. LEMOINE,

One of the Secretaries.

The Medical Press of the United States is respectfully requested to copy the foregoing.

A Practical Treatise on Diseases of Children. By D. Francis Condie, M. D., etc., fourth edition revised and improved. Philadelphia: Blanchard & Lea, 1854.

Dr. CONDIE'S work has been in the hands of the profession for some time, and the fact that a fourth edition has been called for, is sufficient evidence that its value is appreciated.

The present edition is fully equal in mechanical execution to any which has preceded it.

For sale by D. B. Cooke & Co., 135 Lake st.

J.

General Therapeutics and Materia Medica. By Robley Dunglison, M. D., etc., fifth edition, revised and improved. Philadelphia: Blanchard & Lea, 1854.

THE *pharmacological* portions of the present edition have been thoroughly revised. The size of the volumes is increased. It is printed on good paper and is handsomely bound.

For sale by Keen & Bro's, Chicago.

J.

The Practice of Surgery. By James Miller, F. R. S. E., F. R. C. S. E., etc., third American from the second Edinburgh edition, edited by W. T. Sargent, M. D. etc. Philadelphia: Blanchard & Lea, 1854.

THE principles of surgery by the same author have been previously noticed in this Journal. We have no hesitation in recommending this work to the favorable notice of our readers. The two volumes, although separate treatises, form together a complete system of surgery, in our opinion the best that has yet been issued from the English or American press.

In regard to the mechanical execution, it will be sufficient to state, that it is in the best style of those veteran medical publishers whose imprint it bears.

For sale by D. B. Cooke & Co., 135, Lake St.

J.

TOULON, STARK CO., ILL. }
January 6, 1854. }

To the Editors of the North-Western Medical and Surgical Journal:

GENTLEMEN:—I have sent you a portion of some remarks on the medicinal use of Turpentine, based on various articles in "Copp-land's Dictionary of Practical Medicine," and a paper in the last Vol. of Transactions of our State society by Dr. Samuel Thompson. The manner, adopted to convey my ideas on the various subjects that will be introduced, was deliberately chosen; and I trust the article will be permitted to appear in the journal without mutilation or material change. My motive in writing the paper will plainly appear in the sequel. I will also in this place request your numerous readers to send me an account of any unusual or interesting cases of Midwifery that have occurred or may occur in their practice up to the first of next May. The Constitution of our State Society closely confines the Committee on Obstetrics within narrow limits. I shall not hesitate to break over the bounds if by so doing an interesting and practically-useful report can be produced. Every case sent to me shall be duly acknowledged and my thanks cheerfully given.

I remain truly yours

THOMAS HALL, M.D., M.R.C.S., L.A.C.,

And Chairman of Committee on Obstetrics.